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Combined Declaration For Paten	(Abblication and Lowet of Virolities
As a below named inventor, I hereby declare that: My residence, post office address and citizenship I believe I am the original, first and sole inventor (i inventor (if plural names are listed below) of the subject m Invention entitled VACUUM BOTTLE CAP, the specific (check one) is attached hereto. was filed on as Application Sen have reviewed and understand the contents of the above amendment referred to above. I acknowledge the duty to disclose information wh with Title 37. Code of Federal Regulations, § 1.56(a). I hereby claim foreign priority benefits under Title application(s) for patent or inventor's certificate listed belo or inventor's certificate having filing date before that of the	of only one name is listed below) of an original, list and joint after which is claimed and for which a patent is sought on the cation of which and was amended on . I hereby state that I identified specification, including the claims, as amended by any nich is material to the patentability of this application in accordance 35, United States Code, § 119, 365 or 371 of any foreign patent or wand have also identified below any foreign application for paten
Prior Foreign Application(s)	
(number) (Country) (Day, Month	No Year Filed) Yes No
(number) (Country) (Day, Montr	n, Year Filed) Yes No
(number) (Country) (Day, Month	n, Year Filed) Yes No
States application in the manner provided by the first p the duty to disclose material Information as defined in between the filing date of the prior application and the (Application Serial No.) (Filing Date)	e claims of this application is not disclosed in the prior United baragraph of Title 35, United States code, § 112, I acknowledge Title 37, Code of Federal Regulations, § 1.56(a) which occurred national or PCT international filing date of this application: Status stented, pending, abandoned)
(Application Serial No.) (Filing Date)	Status (patented, pending, abandoned)
prosecute this application and to transact all busine	n full power of substitution, association, and revocation, to ss in the Patent and Trademark Office connected therewith.
Address all Correspondence to:	
DR. MARK FRIEDMAN LTD. C/o Bill Polkinghorn Discovery Dispatch 9003 Florin Way Upper Marlboro, MD 20772, USA	Direct all telephone calls & faxes to: Bill Polkinghorn email: mark_f@friedpat.com Phone 001-3019521011 Fax 001-3019529023

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Continuation f Combined Declaration For Patent Application and Power of Attorney

I hereby further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statement may jeopardize the validity of the application of any patent issued thereon.

*FULL NAME OF SOLE OR FIRST INVENTOR SHLOMO HAIMI	INVENTOR'S SIGNATURE		MOV/25/20	
RESIDENCE 641/10 BALFORE ST. OR AKIVA, ISRAEL	, (CITIZENSHIP ISRAELI	Vilasjas	
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FULL NAME OF SECOND INVENTOR	INVENTOR'S SIGNATURE		DATE	
RESIDENCE	CITIZENSHIP			
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*FULL NAME OF THIRD INVENTOR	INVENTOR'S SIGNATURE		DATE	
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FULL NAME OF FOURTH INVENTOR	INVENTOR'S SIGNATURE		DATE	
RESIDENCE	1	CITIZENSHIP		
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*FULL NAME OF FIFTH INVENTOR	INVENTOR'S SIGNA	TURE	DATE	
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*FULL NAME OF SIXTH INVENTOR	INVENTOR'S SIGNA	TURE	DATE	
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